Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

| | | . . | C Name of organization | U1-2009 and ending 12-31-2 | 009 | D Employer ider | ntification number | |
|--------------------------------|--------------------------|--|--|--|------------------------|---|----------------------------|--|
| _ | еск пар ress ch | oplicable Please use IRS | CONFERENCE ON JEWISH MA AGAINST GERMANY INC | 13-1677841 | | | | |
| — Nan | ne char | label or print or | Doing Business As | E Telephone nui | | | | |
| – Initi | al retur | type. See n Specific | | pox if mail is not delivered to street ad | dress) Room/suite | (212) 696-4 | 944 | |
| – Terr | mınated | Instruc- tions. | 1359 BROADWAY | ook ii maii is not denvered to street da | uress, iteem, suite | G Gross receipts \$ | 1,315,197,853 | |
| – _{Ame} | ended r | return | City or town, state or countr | y, and ZIP + 4 | <u> </u> | | | |
| – _{App} | lication | pending | NEW YORK, NY 10018 | | | | | |
| | | F Na | me and address of principa | l officer | H(a) Is th | ■ ıs a group return | for | |
| | | | ORY SCHNEIDER BROADWAY ROOM 2000 | | affilia | | ┌ Yes ┌ No | |
| | | | YORK, NY 10018 | | H(b) Are a | II affiliates include | d? | |
| | | | | | . , | | (see instructions) | |
| | | | c) (4) 4 (insert no) | (a)(1) or 527 | H(c) Grou | ıp exemption nur | nber ► | |
| | | www.claimsc | | | <u> </u> | | | |
| | n of org r t I | | ation Trust Association | Other 🟲 | L Year of fo | rmation 1951 M | State of legal domicile NY | |
| Pa | | Summary Briefly describe t | he organization's mission o | r most significant activities | | | | |
| | | • | _ | CLAIMS AGAINST GERMAN | Y WORKS TO SE | CURE COMPEN | SATION AND | |
| ا ځ | | RESTITUTION F | OR SURVIVORS OF THE H | HOLOCAUST AND HEIRS OF V | /ICTIMS | | | |
| ፱ | | | | | | | | |
| <u> </u> | | | | | | | | |
| Governance | 2 | Check this box 🕨 | f the organization disco | ntinued its operations or dispos | ed of more than | 25% of its net a | ssets | |
| ő | 3 | Number of voting | members of the governing | body (Part VI, line 1a) | | 3 | 62 | |
| <u> </u> | 4 | Number of indepe | ndent voting members of th | ne governing body (Part VI, line | 1b) | . 4 | 6: | |
| Acumues | 5 | Total number of e | mployees (Part V, line 2a) | | | 5 | 140 | |
| <u> </u> | 6 | Total number of v | olunteers (estimate if nece | | 6 | (| | |
| • | 7a | Total gross unrel | ated business revenue from | n Part VIII, column (C), line 12 | | 7a | | |
| | b | Net unrelated bus | siness taxable income from | | 7b | (| | |
| a. | | | | | | or Year | Current Year | |
| | 8 | | | 1) | | 609,548,953 | 581,522,031 | |
| ilua | 9 | - | e revenue (Part VIII, line 2 | • | | 0 | | |
| Revenue | 10 | | ome (Part VIII, column (A), | • | 38,753,125 | 19,918,525 | | |
| _ | 11 | | | s 5, 6d, 8c, 9c, 10c, and 11e) st equal Part VIII, column (A), | luna | 6,490,475 | 1,692,752 | |
| | 12 | | add imes 8 through 11 (mu: | iine | 654,792,553 | 603,133,308 | | |
| | 13 | | lar amounts paid (Part IX, o | | 631,163,990 | 515,577,362 | | |
| | 14 | Benefits paid to | or for members (Part IX, co | | | 0 | | |
| ø | 15 | | compensation, employee be | s 5- | 9,460,717 | 11,238,568 | | |
| Expenses | 16a | 10) Professional fun | draising fees (Part IX, colu | | 9,460,717 | 11,238,368 | | |
| 훒 | ь | Total fundraising ex | penses (Part IX, column (D), line | _ | | | | |
| _ | 17 | Other expenses | (Part IX, column (A), lines | | 50,698,452 55,849 | | | |
| | 18 | Total expenses | Add lines 13-17 (must eq | ual Part IX, column (A), line 25 |) | 691,323,159 | 582,665,357 | |
| | 19 | Revenue less ex | penses Subtract line 18 fr | om line 12 | | -36,530,606 | 20,467,951 | |
| Net Assets or Fund Balances | | | | | _ | g of Current Year | End of Year | |
| 55 et | 20 | Total assets (Pa | art X, line 16) | | 1, | 179,844,905 | 1,165,855,403 | |
| 유 유 교 | 21 | | (Part X, line 26) | | | 477,411,023 | 454,885,242 | |
| žĒ | 22 | Net assets or fu | nd balances Subtract line | 21 from line 20 | | 702,433,882 | 710,970,161 | |
| Par | t II | Signature B | lock | | _ | · | | |
| | | | | mined this return, including accompany on of preparer (other than officer) is b | | | | |
| Sign Here | | ***** Signature of offi | cer | -11-09 | | | | |
| | | JOSEPH BERGER Type or print nai | CHIEF FINANCIAL OFFICER me and title | | | | | |
| Paid | | Preparer's signature KPM0 | G ШР | Date | Check if self-empolyed | Preparer's identify (see instructions) | ring number | |
| Prepa | rer's | Firm's name (or you | irs 🗽 KPMG LLP | | 1 / / / / | | | |
| Jse C | | ıf self-employed), address, and ZIP + | • | | | EIN 🕨 | | |
| | | T | | | | Phone no ▶ (21 | 2) 758-9700 | |
| 4 a v. + | ho I D | C discuss this rat | New York, NY 101540102 | | | 1 | Evas ENa | |

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY WORKS TO SECURE COMPENSATION AND RESTITUTION FOR SURVIVORS OF THE HOLOCAUST AND HEIRS OF VICTIMS

| 2 | Did the organizatio the prior Form 990 | | ant program services | during the year | which were not listed on | ✓ Yes |
|----|---|---|--|---------------------------------|--|---|
| | If "Yes," describe t | hese new services on S | chedule O | | | |
| 3 | • | n cease conducting, or | make significant chang | es in how it co | | └ Yes └ No |
| | If "Yes," describe t | hese changes on Sched | lule O | | | |
| 4 | Section 501(c)(3) | | tions and section 4947 | '(a)(1) trusts a | largest program services by a re required to report the amou service reported | • |
| 4a | (Code |) (Expenses \$ | 343,072,884 includin | g grants of \$ | 343,072,884) (Revenue \$ | 0) |
| | | VISH MATERIAL CLAIMS AGAI | | | NAZI PERSECUTION PURSUANT TO A VERNMENT SUCH PAYMENTS ARE I | |
| | (Code |) (Expenses \$ | 127,829,298 includin | a arants of \$ | 84,107,379) (Revenue \$ | 0) |
| 75 | CLAIMS CONFERENCE PURSUANT TO THE G | AS SUCCESSOR ORGANIZAT ERMAN FEDERAL GOVERNME R HEIRS OR INSTITUTIONS E | TION PROGRAM TO SHARE INTERPRETED INTERPRETED INTERPRETED INTERPRETED IN TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR | N THE PROCEEDS LAW SUCH PROC | RECEIVED FROM THE SETTLEMENT EEDS FROM THESE SETTLEMENTS A RYING OUT PROGRAMS OF HOLOCAL | OF RESTITUTED PROPERTY RE ALLOCATED TO HOLOCAUST |
| | | | | | | |
| 4c | |) (Expenses \$ EUROPEAN FUND TO PROV. IANT TO AGREEMENTS WITH | IDE PAYMENTS TO INDIVIDUA | | 44,152,431) (Revenue \$ ATIONS WHICH PROVIDE SHELTER 1 | 0) TO JEWISH VICTIMS OF NAZI |
| | | | | | | |
| 4d | Other program se | rvices (Describe in Sc | hedule O) See also Add | ditional Data fo | or Description | |
| | (Expenses \$ | 47,501,043 in | cluding grants of \$ | 44,244, | 668) (Revenue \$ | 0) |
| 4e | Total program ser | vice expenses►\$ | 562,555,656 | | | |

| Part IV Checklist of Required Schedul | les |
|---------------------------------------|-----|
|---------------------------------------|-----|

| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | Νο | |
|-----|---|-----|-----|----|--|
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 💋 | 2 | Yes | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νο | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | No | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | ļ | | | |
| 13 | Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E | 13 | | No | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | Yes | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | Yes | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | Yes | | |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νo | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο | |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Νο |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Νο |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νο |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | N o |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | N o |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | N o |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | N o |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2009) |

| | · · · · · · · · · · · · · · · · · · · |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
| | |

| | | | Yes | No | | |
|-----|--|-----|-----|----|--|--|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 19 19 10 10 10 11 10 10 10 10 | | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. | | | | | |
| | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | Νo | | |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3Ь | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes | | | |
| b | If "Yes," enter the name of the foreign country ►IS, GM, AU, EI, UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νο | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | Νo | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | | |
| b | b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | | | |
| b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| а | a Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | |

1359 BROADWAY ROOM 2000

NEW YORK, NY 10018 (646) 485-2011

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | | | |
|-----|---|------------|-----------|--------------|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| 1a | Enter the number of voting members of the governing body 1a 62 | | | | | |
| Ь | Enter the number of voting members that are independent 1b 61 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Νo | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | Yes | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | Yes | | | |
| 6 | Does the organization have members or stockholders? | 6 | | Νο | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | | |
| | governing body? | 7a | | Νo | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot | 7b | | Νo | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | |
| а | The governing body? | 8a | Yes | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo | | |
| | ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.) | | | | | |
| | • | | Yes | No | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | Νo | | |
| b | b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | | | | |
| | | | | | | |
| 11A | 1A Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Νο | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | 110 | | |
| - | Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 15a | Yes | | | |
| | Other officers or key employees of the organization | 15a 15b | Yes | | | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | 130 | 163 | | | |
| | The section and by describe the process in schedule of (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο | | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the | | | | | |
| | organization's exempt status with respect to such arrangements? | | | | | |
| Se | ction C. Disclosure | | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶NY | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | | | |
| | (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | | | |
| 10 | Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of | | | | | |
| 19 | interest policy, and financial statements available to the public. See Additional Data Table | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the AMY MOYER CLAIMS CONFERENCE | ie orga | ınızatıor | n ▶ - | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title A verage hours per week A | Check this box if the organization did not compensate any current or former officer, director, trustee or key employee | | | | | | | | | | |
|--|--|-------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| week or director o | | A verage hours | Position (check all | | | | I | | (D) Reportable compensation | (E) Reportable compensation | Estimated amount of other |
| See add'l data | | | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- | organizations (W- 2/1099- | from the organization and related |
| | See add'l data | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

| 71,192 | 0 | 57 |
|--------|---|----|

Page 8

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶26

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual | 3 | | Νο |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation | | |
|--|-----------------------------|----------------------------|--|--|
| JOEL LEVI CO 33 JABOTINSKI ST RAMAT GAN, 0 52511 IS | LEGAL SERVICES | 390,482 | | |
| ERNST YOUNG LTD AESCHENGRABEN 9 P O BOX CH 4002 BASLE, 0 SZ | DATA LIBRARIAN | 378,176 | | |
| KABIRI-NEVO-KEIDAR 4 LLOYD GEORGE ST JERUSALEM, 0 93110 IS | LEGAL SERVICES | 332,144 | | |
| GERMAN OFFICE - SEE SCHEDULE O | LEGAL SERVICES | 278,926 | | |
| WESTERN ASSET MANAGEMENT LTD WEXFORD BUSINESS PARK ROCHESTOWN, DRINAGH, WEXFORD EI | INVESTMENT MANAGER | 233,329 | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►16 | | | | |

| Form 9 | | | | | | | | Page 9 |
|--|--------------|---|---|---------------|----------------------|--|---|---|
| Part V | /1111 | Statement o | f Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| \$ £ | 1a | Federated camp | paigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership du | es 1b | | | | | |
| કું <u>ઉ</u> | c | Fundraising eve | ents 1c | | | | | |
| <u>≅</u> ,≅ | d | | ations 1d | | | | | |
| E S | e | Government grants | | 416,325,938 | | | | |
| uatio er∴ | f | All other contribution similar amounts no | ons, gifts, grants, and 1f of included above | 165,196,093 | | | | |
| 音色 | g | | butions included in | | | | | |
| E E | h | | | ▶ | 581,522,031 | | | |
| O 46 | " | Total: Add filles | | Business Code | , | | | |
| Program Serwce Revenue | 2a | | | Business Code | | | | |
| 9. Se | Ь | | _ | | | | | |
| ъ Н | c | | | | | | | |
| er F | d | | | | | | | |
| ð E | e | | | | | | | |
| ⊈ra. | f | All other progra | ım service revenue | | | | | |
| Š | g | Total. Add lines | | | 0 | | | |
| | 3 | | ome (including dividence | | - | | | |
| | | and other simila | ar amounts) | ▶ | 17,128,338 | | | 17,128,338 |
| | 4 | Income from inves | tment of tax-exempt bond p | oroceeds 🕨 | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | 6a | Gross Rents | (ı) Real 3,120,676 | (II) Personal | | | | |
| | ь | Less rental | 1,427,924 | | | | | |
| | c | expenses Rental income | 1,692,752 | | | | | |
| | d | or (loss) | me or (loss) | ▶ | 1,692,752 | | | 1,692,752 |
| | <u> </u> | Net rental incol | (i) Securities | (II) O ther | _, | | | =,55=,15= |
| | 7a | Gross amount from sales of assets other than inventory | 713,426,808 | (11) | | | | |
| | Ь | Less cost or other basis and sales expenses | 710,636,621 | | | | | |
| | C | Gain or (loss) | 2,790,187 | | 2 700 407 | | | 2 700 407 |
| | d 8a | Net gain or (los Gross income f | s) | | 2,790,187 | | | 2,790,187 |
| Other Revenue | | events (not incl \$ of contributions See Part IV, lin | luding reported on line 1c) e 18 | | | | | |
| Ě | b | | penses b loss) from fundraising e | anta 🏲 | 0 | | | |
| • | 9a | | rom gaming activities e 19 | events · | · · | | | |
| | b c | | penses b loss) from gaming activ | vities | o | | | |
| | 10a | Gross sales of returns and allo | inventory, less | | | | | |
| | b c | | oods sold b (loss) from sales of inve | ntory 🗠 | 0 | 0 | 0 | 0 |
| | | Miscellaneous | Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | Ь | | | | | | | |
| | c | | | | | | | |
| | d | | ue [| | | | | |
| | 12 | | S 11a-11d See Instructions | · · · · • | 0 | | | |
| | 1 | . J. a. i evellue. | | • ' | 603,133,308 | 0 | 0 | 21,611,277 |

| | 990 (2009) | | | | Page 10 |
|----------|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| Part | Statement of Functional Expenses | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations m | | | (D) | |
| | ll other organizations must complete column (A) but are not required to | | (B), (C), and ((B) | (D). | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$ | 14,214,185 | 14,214,185 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 86,355,645 | 86,355,645 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 415,007,532 | 415,007,532 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,938,630 | | 1,938,630 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 6,465,689 | | 6,465,689 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 1,394,883 | | 1,394,883 | |
| 10 | Payroll taxes | 1,439,366 | | 1,439,366 | |
| 11 | Fees for services (non-employees) | _, | | | |
| a | Management | 0 | | | |
| h | Legal | 418,669 | | 418,669 | |
| c | Accounting | 369,135 | | 369,135 | |
| d | Lobbying | 0 | | 303,133 | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| | Investment management fees | 0 | | | |
| f | Ş | | | 400,000 | |
| g | Other | 499,800 | | 499,800 | |
| 12 | Advertising and promotion | 0 | | 1 176 070 | |
| 13 | Office expenses | 1,176,079 | | 1,176,079 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 1,569,132 | | 1,569,132 | |
| 17 18 | Travel | 389,498 | | 389,498 | |
| | state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 24,703 | | 24,703 | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 0 | | | |
| 23 | Insurance | 345,835 | | 345,835 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | GOODWILL FUND | 37,965,688 | 37,965,688 | | |
| Ь | PROPERTY RESEARCH & RECOVERY | 4,926,738 | 4,926,738 | | |
| c | TECHNICAL ASSISTANCE PRO GRAM | 3,256,375 | 3,256,375 | | |
| d | OVERSIGHT AND MONITORING | 1,780,368 | | 1,780,368 | |
| e | BOARD DESIGNATED PROGRAMS | 829,493 | 829,493 | | |
| f | All other expenses | 2,297,914 | | 2,297,914 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 582,665,357 | 562,555,656 | | 0 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 302,003,337 | 332,333,030 | 20,100,701 | |
| | - ampanguana nanananang pomoteation | I | I. | 1 | |

Part X Balance Sheet (A) (B) End of year Beginning of year 1 1 Cash—non-interest-bearing 69,261,713 2 68.153.223 2 48,604,669 3 19,485,349 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 Land, buildings, and equipment cost or other basis Complete 10a 10a Part VI of Schedule D 10b b Less accumulated depreciation 10c 985,787,383 11 1,018,657,536 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 76.191.140 59.559.295 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,179,844,905 16 1,165,855,403 15,333,190 17 18.605.019 17 Accounts payable and accrued expenses . 359,642,281 295,331,013 18 18 2,177,502 19 38,585,791 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 100.258.050 25 Other liabilities Complete Part X of Schedule D 25 102.363.419 26 **Total liabilities.** Add lines 17 through 25 477,411,023 26 454,885,242 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 692,795,077 696,704,450 27 Unrestricted net assets 27 28 9.638.805 28 14.265.711 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 702,433,882 710,970,161 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 1,179,844,905 34 1,165,855,403

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

Form **990** (2009)

Additional Data

Software ID: Software Version:

EIN: 13-1677841

Name: CONFERENCE ON JEWISH MATERIAL CLAIMS

AGAINST GERMANY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| (Code |) (Expenses \$ | 16,012,585 | including grants of \$ | 12,756,210) (Revenue \$ | 0) |
|--------------------|---------------------|------------|------------------------|--------------------------|----|
| Swiss Bank Settlei | ment Funds | | | | |
| (Code |) (Expenses \$ | 2,496,170 | ıncludıng grants of \$ | 2,496,170) (Revenue \$ | 0) |
| Budapest Fund and | l German FNDTN | | | | |
| (Code |) (Expenses \$ | 2,570,400 | ıncludıng grants of \$ | 2,570,400) (Revenue \$ | 0) |
| Austrian Governm | ent Fund | | | | |
| (Code |) (Expenses \$ | 10,522,626 | ıncludıng grants of \$ | 10,522,626) (Revenue \$ | 0) |
| German Federal Go | ovm't Homecare Fund | | | | |
| (Code |) (Expenses \$ | 864 | including grants of \$ | 864) (Revenue \$ | 0) |

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| 4d. Other program | n services | | | | |
|--------------------|---------------------|-----------|------------------------|-------------------------|----|
| (Code |) (Expenses \$ | 5,621,959 | including grants of \$ | 5,621,959) (Revenue \$ | 0) |
| Hungarian Gold Tra | aın Settlement Fund | | | | |
| (Code |) (Expenses \$ | 5,370,735 | ıncludıng grants of\$ | 5,370,735) (Revenue \$ | 0) |
| Hungarıan Governi | ment Fund | | | | |
| (Code |) (Expenses \$ | 1,226,413 | ıncludıng grants of \$ | 1,226,413) (Revenue \$ | 0) |
| Additional Labor D | ıstrıbutıon Fund | | | | |
| (Code |) (Expenses \$ | 2,232 | ıncludıng grants of\$ | 2,232) (Revenue \$ | 0) |
| Nazı Persecutee R | elief Funds | | | | |
| (Code |) (Expenses \$ | 73,493 | ıncludıng grants of \$ | 73,493) (Revenue \$ | 0) |

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| 4d. Other program se | ervices | | | | |
|----------------------|----------------|-----------|------------------------|-------------------------|----|
| (Code |) (Expenses \$ | 3,603,566 | ıncludıng grants of \$ | 3,603,566) (Revenue \$ | 0) |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|--|--|
| (A) Name and Title | (B) Average hours per | | tion (| (che | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | | |
| JULIUS BERMAN CHAIRMAN AND AD PERSONAM | 22 0 | Х | | Х | | | | 0 | 0 | 0 | | |
| REUVEN MERHAV CHAIRMAN EXECUTIVE COMMITTEE | 18 0 | Х | | Х | | | | 0 | 0 | 0 | | |
| ROMAN KENT TREASURER AND DIRECTOR | 30 0 | X | | Х | | | | 0 | 0 | 0 | | |
| NATAN SHARANSKY FIRST VP AND DIRECTOR | 6 0 | X | | Х | | | | 0 | 0 | 0 | | |
| ANDREW BAKER VP AND DIRECTOR | 18 0 | X | | x | | | | 0 | 0 | 0 | | |
| ABRAHAM BIDERMAN VP AND DIRECTOR | 20 0 | X | | х | | | | 0 | 0 | 0 | | |
| NOACH FLUG VP AND DIRECTOR | 10 0 | Х | | Х | | | | 0 | 0 | 0 | | |
| BEN HELFGOTT VP AND DIRECTOR | 18 0 | Х | | Х | | | | 0 | 0 | 0 | | |
| CHARLOTTE KNOBLOCH VP AND DIRECTOR | 4 0 | X | | х | | | | 0 | 0 | 0 | | |
| HAGAI MEIROM VP AND DIRECTOR | 10 0 | X | | Х | | | | 0 | 0 | 0 | | |
| MOISHE SMITH VP AND DIRECTOR | 4 0 | Х | | X | | | | 0 | 0 | 0 | | |
| JOSEPH WILF VP AND DIRECTOR | 16 0 | Х | | Х | | | | 0 | 0 | 0 | | |
| MENACHEM HACOHEN VP AND AD PERSONAM | 18 0 | X | | X | | | | 0 | 0 | 0 | | |
| BARUCH SHUB VP AND AD PERSONAM | 12 0 | X | | Х | | | | 0 | 0 | 0 | | |
| MICHAEL BAGRAIM DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | | |
| YAACOV BLEICH DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | | |
| SAM BLOCH DIRECTOR | 10 0 | X | | | | | | 0 | 0 | 0 | | |
| DONALD DAY DIRECTOR | 6 0 | X | | | | | | 0 | 0 | 0 | | |
| PAUL EDLIN DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | | |
| WOLF Z FACTOR DIRECTOR | 12 0 | X | | | | | | 0 | 0 | 0 | | |
| BERNIE FARBER DIRECTOR | 8 0 | X | | | | | | 0 | 0 | 0 | | |
| ROBERT GOOT DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | | |
| WILLIAM D HESS DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | | |
| MICHAEL HILSENRATH DIRECTOR | 8 0 | X | | | | | | 0 | 0 | 0 | | |
| JONATHAN JOSEPH DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) Average hours per | | tion (| | | _ | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | |
| MOSHE KAGAN DIRECTOR | 8 0 | Х | • | | | | | 0 | 0 | 0 | |
| SERGE KLUGMAN DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | |
| SALOMON KORN DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 | |
| PINKAS KORNFELD DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 | |
| RONALD S LAUDER DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | |
| GRAHAME LEONARD DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | |
| DANIEL S MARIASCHIN DIRECTOR | 10 0 | Х | | | | | | 0 | 0 | 0 | |
| CLEMENS N NATHAN DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 | |
| ALFREDO NEUBERGER DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | |
| SAMUEL NORICH DIRECTOR | 8 0 | X | | | | | | 0 | 0 | 0 | |
| ALAN PINES DIRECTOR | 6 0 | X | | | | | | 0 | 0 | 0 | |
| SHAI PINTO DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | |
| RICHARD PRASQUIER DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 | |
| HAIM ROET DIRECTOR | 4 0 | Χ | | | | | | 0 | 0 | 0 | |
| JACK ROSEN DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | |
| NIGEL ROSS DIRECTOR | 2 0 | Χ | | | | | | 0 | 0 | 0 | |
| DAVID ROTHENBERG DIRECTOR | 4 0 | Х | | | | | | 0 | 0 | 0 | |
| SYBIL SANCHEZ DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 | |
| ANGEL SCHINDEL DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 | |
| HARRIET SCHLEIFER DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 | |
| MICHAEL SCHNEIDER DIRECTOR | 14 0 | X | | | | | | 0 | 0 | 0 | |
| STEVEN SCHWAGER DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 | |
| STEFANIE SELTZER DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | |
| MERVYN SMITH DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 | |
| ADY STEG DIRECTOR | 4 0 | X | | | | | | 0 | 0 | 0 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and | Indepen | dent C | ont | rac | tor | S | | | | _ |
|---|--------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours | | tion (that a | (che | | Ш | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| JO TOLEDANO DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 |
| FRITZ WEINSCHENK DIRECTOR | 14 0 | Х | | | | | | 0 | 0 | 0 |
| SIDNEY J ZOLTAK DIRECTOR | 2 0 | Х | | | | | | 0 | 0 | 0 |
| URI CHANOCH AD PERSONAM | 6 0 | X | | | | | | 0 | 0 | 0 |
| ITSHAK FORER AD PERSONAM | 8 0 | Х | | | | | | 0 | 0 | 0 |
| ALLA GERBER AD PERSONAM | 4 0 | Х | | | | | | 0 | 0 | 0 |
| MORDECHAI HARELI AD PERSONAM | 4 0 | Х | | | | | | 0 | 0 | 0 |
| MAX LIEBMANN AD PERSONAM | 4 0 | X | | | | | | 0 | 0 | 0 |
| ALEX ORLI AD PERSONAM | 4 0 | X | | | | | | 0 | 0 | 0 |
| MOSHE SANBAR AD PERSONAM | 6 0 | X | | | | | | 0 | 0 | 0 |
| YAACOV TURKEL AD PERSONAM | 4 0 | Х | | | | | | 0 | 0 | 0 |
| ELI ZBOROWSKI AD PERSONAM | 12 0 | X | | | | | | 0 | 0 | 0 |
| SAUL KAGAN SECRETARY | 40 0 | | | Х | | | | 185,400 | 0 | 0 |
| GREGORY SCHNEIDER EXECUTIVE VICE PRESIDENT | 35 0 | | | Х | | | | 311,597 | 0 | 245,256 |
| GIDEON TAYLOR EXECUTIVE VICE PRESIDENT | 35 0 | | | Х | | | | 388,409 | 0 | 17,324 |
| JOSEPH BERGER CHIEF FINANCIAL OFFICER | 35 0 | | | | Х | | | 263,956 | 0 | 82,126 |
| 2 GERMAN OFFICE EMPLOYEES-SEE SCH O GERMAN OFFICE EMPLOYEES | 35 0 | | | | Х | | | 518,438 | 0 | 44,118 |
| KAREN HEILIG ASSISTANT EXECUTIVE VP | 35 0 | | | | | X | | 175,317 | 0 | 64,269 |
| CHEN YURISTA DIRECTOR OF THE ISRAEL OFFICE | 35 0 | | | | | X | | 169,755 | 0 | 36,719 |
| 2 GERMAN OFFICE EMPLOYEES-SEE SCH O GERMAN OFFICE EMPLOYEES | 35 0 | | | | | × | | 304,333 | 0 | 45,758 |
| WESLEY FISHER DIRECTOR OF RESEARCH | 35 0 | | | | | X | | 153,987 | 0 | 37,426 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| GOODWILL FUND | 37,965,688 | 37,965,688 | | |
| PROPERTY RESEARCH & RECOVERY | 4,926,738 | 4,926,738 | | |
| TECHNICAL ASSISTANCE PRO GRAM | 3,256,375 | 3,256,375 | | |
| OVERSIGHT AND MONITORING | 1,780,368 | | 1,780,368 | |
| BOARD DESIGNATED PROGRAMS | 829,493 | 829,493 | | |

DLN: 93493318006000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

| | NFERENCE ON JEWISH MATERIAL CLAIMS AINST GERMANY INC | | 13-1 | 677841 | | |
|-----|--|--|------------|------------------|------------|-----------|
| Pā | art I Organizations Maintaining Donor Ad | | | | Comple | te if the |
| | organization answered "Yes" to Form 99 | 0, Part IV, line 6. | | | | |
| | | (a) Donor advised funds | (Ł |) Funds and ot | her accou | nts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | |
| 3 | Aggregate grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o | | or advis | ed | ☐ Yes | ┌ No |
| 6 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | | • | | ┌ Yes | □ No |
| Da | rt II Conservation Easements. Complete | if the organization answered "Ves" to | o Form | 990 Part IV | • | , |
| | • | | 0 1 01 111 | 990, Fait IV | , IIIIC 7. | |
| 1 | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati | <u> </u> | historia | ally importantl | v land are | a |
| | Protection of natural habitat | Preservation of a c | | | • | u |
| | Preservation of open space | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| _ | | | | | | |
| 2 | Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year | ified conservation contribution in the form | of a cor | nservation | | |
| | casement on the last day of the tax year |] | | Held at the I | End of the | Year |
| а | Total number of conservation easements | | 2a | neid de the i | ina or the | |
| ь | Total acreage restricted by conservation easements | | 2b | | | |
| c | Number of conservation easements on a certified his | ŀ | 2c | | | |
| _ | | ` ' | | | | |
| d | | · · · · · | 2d | | | |
| 3 | Number of conservation easements modified, transfe the taxable year - | rred, released, extinguished, or terminate | d by the | organization d | uring | |
| 4 | Number of states where property subject to conserva | ation easement is located 🗠 | | | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | dling of v | violations, and | ☐ Yes | ┌ No |
| 6 | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation easem | ents du | ring the year ► | | |
| 7 | A mount of expenses incurred in monitoring, inspecting | ng, and enforcing conservation easements | during | the year ► \$ _ | | |
| 8 | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of sec | tion | | ☐ Yes | ┌ No |
| 9 | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem | the footnote to the organization's financial | • | • | | |
| Pai | rt III Organizations Maintaining Collectio | ons of Art, Historical Treasures, | or Oth | er Similar A | ssets. | |
| | Complete if the organization answered " | "Yes" to Form 990, Part IV, line 8. | | | | |
| 1a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or research | ch in furt | | | ≘, |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research ii | | | • | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | (ii) Assets included in Form 990, Part X | | | ► \$ | | |
| 2 | If the organization received or held works of art, histofollowing amounts required to be reported under SFAS | | or financ | ıal gaın, provid | e the | |

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par | t III | Organizations Maintaining Co | llections of Art | <u>, His</u> | tori | <u>cal Tr</u> | easur | es, or C | the | r Similar As | sets (c | ontinued) |
|--------|-------|---|------------------------------------|--------------|-----------------|------------------------|----------------------|-------------------------|---------|---|-------------|------------|
| 3 | | ng the organization's accession and othens (check all that apply) | r records, check any | ofth | ie foll | owing t | that are | a sıgnıfıca | ant us | se of its collec | tion | |
| а | Γ | Public exhibition | | d | Γ | Loan | orexcha | nge prog | rams | | | |
| b | Γ | Scholarly research | | e | Γ | Other | | | | | | |
| c | Γ | Preservation for future generations | | | | | | | | | | |
| 4 | | vide a description of the organization's co : XIV | ollections and explai | ın hov | v the | / furthe | er the or | ganızatıor | ı's ex | empt purpose | ın | |
| 5 | | ing the year, did the organization solicit o ets to be sold to raise funds rather than t | | | , | | | | | ılar | ┌ Yes | ┌ No |
| Pa | rt IV | Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | answere | d "Ye | es" to Form ! | ₹90, | |
| 1a | | he organization an agent, trustee, custod uded on Form 990, Part X? | | | | | | other ass | ets n | ot | ┌ Yes | ┌ No |
| b | If"Y | es," explain the arrangement in Part XIV | / and complete the t | follow | ıng ta | able | | Г | | Δ. | nount | |
| С | Pos | unning halance | | | | | | - | 1c | | - Iount | |
| | _ | linning balance | | | | | | - | 1d | | | |
| d | | ditions during the year | | | | | | } | | | | |
| e • | | tributions during the year | | | | | | } | 1e | | | |
| f | | ling balance | | | | | | L | 1f | | | |
| 2a | | the organization include an amount on Fo | | 21? | | | | | | | │ Yes | ☐ No |
| b | | es," explain the arrangement in Part XIV | | | | 1 .03 * | -0 - | 005 | | T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Pa | rt V | Endowment Funds. Complete | f the organization (a)Current Year | | were Prior \ | | | orm 990, Years Back | | t IV, line 10. Three Years Back | (e)Four V | 'ears Back |
| 1a | Bea | inning of year balance | (a)cancile real | (0) | , 1101 | cui | (C) WO | . cars back | (4) | ee rears back | (C) Our 1 | cars back |
| | | ntributions | | | | | | | + | | | |
| c | | estment earnings or losses | | | | | | | + | | | |
| d | | nts or scholarships | | | | | | | | | | |
| e | Oth | er expenditures for facilities programs | | | | | | | | | | |
| f | Adn | ninistrative expenses | | | | | | | | | | |
| g | End | of year balance | | | | | | | | | | |
| 2 | Prov | vide the estimated percentage of the yea | r end balance held a | ıs | | | | | | | | |
| а | Boa | rd designated or quasi-endowment 🕨 | % | | | | | | | | | |
| Ь | Perr | manent endowment 🕨 % | | | | | | | | | | |
| c | Terr | m endowment 🕨 % | | | | | | | | | | |
| 3a | | there endowment funds not in the posses | ssion of the organiza | ation t | that a | re held | d and ad | mınıstere | d for t | the | Yes | No |
| | (i) u | unrelated organizations | | | • | | | | | 3a | | |
| b | | related organizations | | d on S | ched | ule R? | | | ٠ | 3a | (ii) b | |
| 4 | | cribe in Part XIV the intended uses of th | | | | | | | | | | |
| Pa | rt VI | Investments—Land, Buildings | s, and Equipme | nt. S | ee F | orm 9 | 90, Par | t X, line | 10. | T | | |
| | | Description of investment | | | | a) Cost o sıs (ınve | or other estment) | (b)Cost or basis (ot | | (c) Accumulat depreciation | | Book value |
| 1a | Land | | | | | | | | | | | |
| b | Build | ıngs | | | | | | | | | | |
| c | Lease | ehold improvements | | | | | | | | | | |
| d | Equip | oment | | | | | | | | | | |
| е | Othe | r | <u> </u> | | | | | | | | | |
| | | d lines to to (Column (d) about desiral Fo | 000 Part V! | (E) | lim- | 10/-11 | | | | - | | |

| Investments—Other Securities. See | Form 990, Part X, line 1. | <u> </u> | |
|--|---------------------------|----------------|--------------------|
| (a) Description of security or category | (b) Book value | (c) Method | d of valuation |
| (including name of security) | (B)Book value | Cost or end-of | year market value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See | Form 990, Part X, line | 13. | |
| (a) Description of investment type | (b) Book value | | d of valuation |
| | (2) 20011 14140 | Cost or end-of | -year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, lin | | | |
| (a) Descrip | tion | | (b) Book value |
| PROPERTY COMP RECEIVABLE | | | 3,016,646 |
| RCVBL FROM SALE OF REST PROP | | | 16,409,974 |
| REST PROP RENT RECEIVABLE | | | 1,705,335 |
| UNSOLD RESTITUTED PROPERTY | | | 29,783,249 |
| PREPAID EXPENSE/SUNDRY RECEIV | | | 6,282,246 |
| LOANS RECEIVABLE | | | 1,594,789 |
| PREPAID RESTITUTED PROPERTY | | | 767,056 |
| TREFAID RESTITOTED FROTERIT | | | , 0, ,030 |
| | | | |
| | | | |
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| | | | |
| Tabal (Calumn (b) - badd - and 5 | <i>r</i> \ | | EA EE |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | | | 59,559,295 |
| Part X Other Liabilities. See Form 990, Part X | | | |
| 1 (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | 0 | | |
| GOODWILL FUND CLAIMANTS LIABILITY | 102,363,419 | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | 102,363,419 | | |

| 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments C Recoveries of prior year grants 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Recoveries of prior year grants 2 Recoveries of prior year grants 2 Recoveries of prior year grants 3 Amounts line 1 3 Amounts line 1 3 Amounts line 1 3 Amounts line 1 4 Amounts line 1 5 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Amounts line 1 2 Recoveries of prior year grants C Recoveries of prior year grants C Recoveries of prior year grants | 82,665,357 20,467,951 -7,546,350 -4,385,322 11,931,672 8,536,279 |
|---|---|
| 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | -7,546,350 -4,385,322 11,931,672 8,536,279 |
| 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments | -4,385,322 11,931,672 8,536,279 |
| 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | 11,931,672 8,536,279 |
| 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | 11,931,672 8,536,279 |
| 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | 11,931,672 8,536,279 |
| 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | 11,931,672 8,536,279 |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements | 8,536,279 |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements | |
| Total revenue, gains, and other support per audited financial statements | 85,585,163 |
| A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments | 85,585,163 |
| a Net unrealized gains on investments | |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| | |
| | |
| d Other (Describe in Part XIV) | |
| e Add lines 2a through 2d | 18,976,069 |
| 3 Subtract line 2e from line 1 | 04,561,232 |
| 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b . 4a | |
| b Other (Describe in Part XIV) | |
| c Add lines 4a and 4b | -1,427,924 |
| | 03,133,308 |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | |
| 1 Total expenses and losses per audited financial 5 statements | 72,003,976 |
| 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses | |
| d Other (Describe in Part XIV) | |
| e Add lines 2a through 2d | 10,661,381 |
| 3 Subtract line 2e from line 1 | 82,665,357 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b Other (Describe in Part XIV) | |
| c Add lines 4a and 4b | |
| 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--------------------------------|----------------------------|---|
| Schedule D, Part XI, Line 8 | | Net Change in Foreign Currency Fluctuations (5,044,908) Net Change in Year-End Estimated Value of Unsold Restituted Properties (11,429,719) Grant Cancellations and Other Adjustments 12,089,305 (4,385,322) |
| Schedule D, Part XII, Line 2d | | Net Change in Year-End Estimated Value of Unsold Restituted Properties (11,429,719) |
| Schedule D, Part XII, Line 4b | | Reclassification of Rental Expense (1,427,924) |
| Schedule D, Part XIII, Line 2d | | Reclassification of Rental Expense 1,427,924 Grant Cancellations and Other Adjustments (12,089,305) |
| FIN 48 | Schedule D, Part X, Line 2 | The Claims Conference adopted Accounting Standards Update (ASU) No 2009-06, Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities (ASU 2009-06) in 2009 Accordingly, the Claims Conference recognizes the effect of income tax positions only if those positions are more likely than not of being sustained There was no significant impact to the Claims Conference's financial statements as a result of the adoption of ASU 2009-06 or Accounting Standards Codification (ASC) Subtopic 740-10, Income Taxes - Overall |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318006000

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC

Employer identification number

13-1677841

| Part I | General Information or | Activities Outside the United States. | Complete if the organization answered |
|--------|----------------------------|--|---------------------------------------|
| | "Yes" to Form 990, Part IV | , lıne 14b. | - |

| | "Yes" to Form 9 | 90, Part IV, lin | ne 14b. | | | |
|---|---|-------------------------------------|---|--|---|--------------------------------------|
| 1 | assistance, the grante | es' eligibility fo | or the grants or | assistance, and the se | the amount of the grants lection criteria used to a | ward |
| 2 | For grant makers. Descri United States | be in Part IV the | organization's pr | ocedures for monitoring th | e use of grant funds outsid | e the |
| 3 | Activites per Region (U | se Schedule F-1 | (Form 990) if add | ditional space is needed) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of | (f) Total expenditures for region |

| (a) region | offices in the region | employees or agents in region | region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | is a program service, describe specific type of service(s) in region | |
|--|-----------------------|-------------------------------|---|--|-------------|
| Europe (Including Iceland and Greenland) | 5 | 113 | Grantmakıng | | 439,232,724 |
| Middle East and North Africa | 3 | 65 | Grantmakıng | | 4,159,217 |
| Russia and the Newly Independent States | 4 | 5 | Grantmakıng | | 99,775 |
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| Tatala | 12 | 183 | | | 443,491,716 |
| Totals ▶ | | | | |] |

| Part IV, | line 15, for any | | nizations or Entiti eıved more than \$5, space ıs needed. | | | | | |
|----------------------------------|---|--------------------|---|------------------------------|---------------------------------------|---|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| See Add'l Data | | | | | | | | |
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| | | | sted above that are se or counsel has pro | | | | | 188 |
| 3 Enter total nu | umber of other o | rganızatıons or er | itities | <u> </u> | <u> </u> | <u> </u> | . ▶ | 0 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

| | or I (roini 330) ir adaid | ional opace is | Hodacai | | | | |
|------------------------------------|-----------------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| SEE PART IV | Cent A merica/Caribbean | 18 | 88,899 | Wire | | | |
| SEE PART IV | East Asia and the pacifi | 1,831 | 8,430,630 | Wire | | | |
| SEE PART IV | Europe/Iceland/Greenland | 23,700 | 105,005,840 | Wire | | | |
| SEE PART IV | Middle East/North Africa | 34,560 | 157,184,871 | Wire | | | |
| SEE PART IV | North America | 3,100 | 14,648,044 | Wire | | | |
| SEE PART IV | Russia | 4,954 | 15,043,871 | | | | |
| SEE PART IV | South America | 540 | 2,746,721 | | | | |
| SEE PART IV | Sub-Saharan Africa | 44 | 214,175 | | | | |
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Schedule F (Form 990) 2009

| Part IV Supplemental Information Complete this part to | | ired in Part I, line 2, and any additional information. |
|--|----------------------------|---|
| Identifier | ReturnReference | Explanation |
| MONITORING FOREIGN GRANTS | Schedule F, Part I, Line 2 | The Claims Conference Board of Directors approves new |
| | | institutional allocations approximately every six months. Once |
| | | the grants are approved, institutions receive an official letter of |
| | | notification. The grant letter includes the allocation amount, |
| | | purpose of the grant and all other terms and conditions of |
| | | implementation. Institutions must confirm acceptance of the |
| | | grant terms and submit an amended budget and an anticipated |
| | | timetable before they can begin implementation. The Claims |
| | | Conference's general policy is not to advance funds but rather to |
| | | reimburse funds based on the progress of the projects. Thus, |
| | | social services programs for on-going services are required to |
| | | report quarterly on the progress of the projects and research and |
| | | education and documentation projects are required to submit |
| | | semi-annual reports. The reports include a programmatic, |
| | | financial and statistical report (where applicable) Capital |
| | | projects report according to the progress of the projects, and |
| | | such reporting generally includes a statement from auditors |
| | | detailing expenditures of the projects to date. The progress of |
| | | each grant is closely monitored by the Claims Conference staff |
| | | which is responsible for reviewing all of the financial and |
| | | programmatic activities to ensure accountability and conformity |
| | | to the program plan and compliance with requirements and |
| | | regulations Funds are released on the basis of the review of the |
| | | |
| | | progress of the project All grants of \$125,000 and above are |
| | | required, upon completion of the project, to submit a separate |
| | | audit or procedure which includes an auditor's confirmation of the |
| | | amount received from the Claims Conference, the total amount |
| | | expended and that the funds were used for the purposes for which |
| | | they were granted The Claims Conference administers both one |
| | | time and quarterly payment programs for individual victims of |
| | | Nazı persecution Applications are submitted to the Claims |
| | | Conference offices located in New York, Frankfurt or Tel Aviv Th |
| | | information in each application is entered and scanned into a |
| | | database shared by each of the offices Claims Conference staff |
| | | review the information for eligibility (as determined by the Germa |
| | | government) and, after supervisory approval at the respective |
| | | office, the information is batched and sent to the German |
| | | government for approval After approval by the German |
| | | government, a payment file is generated based upon the banking |
| | | |
| | | information provided by the individual claimant. For those |
| | | programs that are on-going in nature, the claimant information is |
| | | reviewed on an annual basis. The payment file is then encrypted |
| | | and sent to the Claims Conference's transfer agent |
| Schedule F, Part II & Part III | | Purpose of all grants - Assistance to Jewish victims of Nazi |
| | | persecution |
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Software ID: **Software Version:**

EIN: 13-1677841

Name: CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | аррисавіс) | East Asia and the | SEE PART IV | 663,328 | Wire | | | appraisar, othery |
| | | East Asia and the | SEE PART IV | 829,572 | Wire | | | |
| | | East Asia and the | SEE PART IV | 30,000 | Wire | | | |
| | | East Asia and the | SEE PART IV | 65,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 38,500 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 976,268 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 8,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 1,392,857 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 182,685 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 979,705 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 9,835 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 129,485 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 70,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 415,752 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 282,532 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 7,500 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 15,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 250,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 40,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 24,420 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 127,850 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 1,039,366 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 366,665 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 25,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 6,680 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 10,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 3,319,009 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 110,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 53,335 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 47,620 | Wire | | | |

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|--|-----------------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | | Europe/Iceland/Greenland | SEE PART IV | 131,788 | Wire | | | , , , |
| | | Europe/Iceland/Greenland | SEE PART IV | 17,473 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 8,716 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 748,959 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 64,522 | Wire | | | |
| - | | Europe/Iceland/Greenland | SEE PART IV | 38,700 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 20,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 12,203 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 57,521 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 230,655 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 172,457 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 16,500 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 220,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 25,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 264,243 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 20,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 145,042 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 245,342 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 433,919 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 236,073 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 10,000 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 489,878 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 44,500 | Wire | | | |
| | | Europe/Iceland/Greenland | SEE PART IV | 900,110 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 31,000 | Wire | | | |
| | | | SEE PART IV | 15,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 12,000 | Wire | | | |
| | | | SEE PART IV | 70,000 | Wire | | | |
| | | | SEE PART IV | 60,000 | Wire | | | |
| | | | SEE PART IV | 43,457 | Wire | | | |

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|--|-----------------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | | Middle East/North Africa | SEE PART IV | 1,408,684 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 80,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 20,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 10,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 10,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 42,500 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 150,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 75,370 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 872,997 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 40,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 234,586 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 165,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 6,500 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 35,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 180,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 601,700 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 38,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 23,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 82,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 150,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 60,000 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 1,778,840 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 50,000 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 104,166 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 75,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 44,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 45,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 53,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 90,000 | Wire | | | |

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|--|------------------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | , | Middle East/North Africa | SEE PART IV | 600,000 | Wire | | | , , , |
| | | Middle East/North Africa | SEE PART IV | 59,773,342 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 40,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 24,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 12,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 78,785 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 45,000 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 100,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 2,400,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 80,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 50,000 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 950,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 50,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 15,000 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 1,750,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 40,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 20,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 300,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 75,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 10,525 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 20,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 385,500 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 115,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 168,750 | Wire | | | |
| | | Middle East/North A frica | SEE PART IV | 64,000 | Wire | | | |

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
|-----------------------------|--|-----------------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | арриголого, | Middle East/North Africa | SEE PART IV | 15,000 | Wire | | | appraise any e energy |
| | | Middle East/North Africa | SEE PART IV | 36,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 1,182,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 30,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 75,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 7,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 20,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 18,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 1,130,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 40,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 43,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 100,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 1,530,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 10,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 75,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 700,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 50,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 720,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 35,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 350,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 3,841,500 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 45,000 | Wire | | | |
| | | Middle East/North Africa | SEE PART IV | 25,000 | Wire | | | |
| | | Mıddle East/North Afrıca | SEE PART IV | 25,000 | Wire | | | |
| | | North America | SEE PART IV | 20,000 | Wire | | | |
| | | North America | SEE PART IV | 20,000 | | | | |
| | | North America | SEE PART IV | 10,000 | | | | |
| | | North America | SEE PART IV | 727,850 | | | | |
| | | North America | SEE PART IV | 595,288 | | | | |
| | | North America | SEE PART IV | 125,668 | Wire | | | |

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraisal, other) |
|-----------------------------|---|---------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | | North America | SEE PART IV | 140,000 | Wire | | | |
| | | North America | SEE PART IV | 40,000 | Wire | | | |
| | | North America | SEE PART IV | 111,832 | Wire | | | |
| | | North America | SEE PART IV | 10,000 | Wire | | | |
| | | Russia | SEE PART IV | 40,000 | Wire | | | |
| | | Russia | SEE PART IV | 12,500 | Wire | | | |
| | | Russia | SEE PART IV | 55,000 | Wire | | | |
| | | Russia | SEE PART IV | 1,242,621 | Wire | | | |
| | | Russia | SEE PART IV | 112,916 | Wire | | | |
| | | Russia | SEE PART IV | 349,714 | Wire | | | |
| | | Russia | SEE PART IV | 801,919 | Wire | | | |
| | | Russia | SEE PART IV | 186,689 | Wire | | | |
| | | Russia | SEE PART IV | 398,836 | Wire | | | |
| | | Russia | SEE PART IV | 30,015 | Wire | | | |
| | | Russia | SEE PART IV | 1,708,279 | Wire | | | |
| | | Russia | SEE PART IV | 48,419 | Wire | | | |
| | | Russia | SEE PART IV | 160,246 | Wire | | | |
| - | | Russia | SEE PART IV | 1,055,943 | Wire | | | |
| - | | Russia | SEE PART IV | 5,556 | Wire | | | |
| | | Russia | SEE PART IV | 1,262,010 | Wire | | | |
| | | Russia | SEE PART IV | 18,000 | Wire | | | |
| - | | Russia | SEE PART IV | 7,000 | Wire | | | |
| | | Russia | SEE PART IV | 318,494 | Wire | | | |
| | | Russia | SEE PART IV | 107,500 | Wire | | | |
| | | Russia | SEE PART IV | 100,000 | Wire | | | |
| | | Russia | SEE PART IV | 9,975 | Wire | | | |
| | | South America | SEE PART IV | 92,000 | Wire | | | |
| | | South America | SEE PART IV | 204,796 | Wire | | | |
| - | | South America | SEE PART IV | 52,000 | Wire | | | |
| | | South America | SEE PART IV | 89,734 | Wire | | | |

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|--|---------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | | South America | SEE PART IV | 688,857 | Wire | | | |
| | | South America | SEE PART IV | 419,403 | Wire | | | |
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DLN: 93493318006000

Inspection

OMB No 1545-0047

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

| Name of the organization | | Employer identification number | | | | | |
|--|-----------------------|--|------------------------------|---|---|--|--------------------------------------|
| CONFERENCE ON JEWISH MATERI. AGAINST GERMANY INC | | 13-1677841 | | | | | |
| Part I General Information | n on Grants and | l Assistance | | | | | |
| Does the organization maintain the selection criteria used to av Describe in Part IV the organization | vard the grants or as | sıstance [?] | | | - | • | √Yes N |
| Form 990, Part IV, lin Part IV and Schedule | e 21 for any recip | ient that received n | nore than \$5,000. Ch | eck this box if no one | recipient receive | d more than \$5,000. | Use |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gran or assistance |
| See Additional Data Table | | | | | | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------------|--|---------------------------------------|
| SEE PART IV | 18900 | 86,355,645 | | | |
| See Additional Data Table | | | | | |

| Part IV Supplem | ental Information. Complete | e this part to provide the information required in Part I, line 2, and any other additional information. |
|-----------------------------------|-----------------------------|---|
| Ident if ier | Return Reference | Explanation |
| MONITORING GRANTS | Schedule I, Part I, Line 2 | The Claims Conference Board of Directors approves new institutional allocations approximately every six months. Once the grants are approved, institutions receive an official letter of notification. The grant letter includes the allocation amount, purpose of the grant and all other terms and conditions of implementation. Institutions must confirm acceptance of the grant terms and submit an amended budget and an anticipated timetable before they can begin implementation. The Claims Conference's general policy is not to advance funds but rather to reimburse funds based on the progress of the projects. Thus, social services programs for on-going services are required to report quarterly on the progress of the projects and research and education and documentation projects are required to submit semi-annual reports. The reports include a programmatic, financial and statistical report (where applicable). Capital projects report according to the projects of the projects, and such reporting generally includes a statement from auditors detailing expenditures of the projects to date. The progress of each grant is closely monitored by the Claims Conference staff which is responsible for reviewing all of the financial and programmatic activities to ensure accountability and conformity to the program plan and compliance with requirements and regulations. Funds are released on the basis of the review of the progress of the project. All grants of \$125,000 and above are required, upon completion of the project, to submit a separate audit or procedure which includes an auditor's confirmation of the amount received from the Claims Conference, the total amount expended and that the funds were used for the purposes for which they were granted. The Claims Conference administers both one-time and quarterly payment programs for individual victims of Nazi persecution. Applications are submitted to the Claims Conference offices located in New York, Frankfurt or Tel Aviv. The information in each application is entered and scanned into a |
| Schedule I, Part II & Part III | | Purpose of all grants - Assistance to Jewish victims of Nazi persecution |
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Software ID: Software Version:

EIN: 13-1677841

Name: CONFERENCE ON JEWISH MATERIAL CLAIMS

AGAINST GERMANY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| roi ili 990,3cileudie 1, Pai | it II, Grants an | d Other Assistance | s to dovernments | and Organizations | s ili tile olliteu sta | 163 | |
|---|------------------|---------------------------------------|------------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Annual Scholars' Confon the Holoc & the ChurchesPO Box 10 Merrion Station, PA 19066 | 23-2590962 | 501(c)(3) | 25,000 | | | | SEE PART IV |
| Appalachian State University Foundation IncASU Box 32007 Boone, NC 28608 | 23-7099379 | 501(c)(3) | 48,000 | | | | SEE PART IV |
| Association of Jewish Family Service Agencies655 Westfield Avenue Elizabeth, NJ 07208 | 22-1487364 | 501(c)(3) | 455,980 | | | | SEE PART IV |
| Auschwitz Jewish Center Foundationc/o Museum of Jewish Heritage - A L 36 Battery Place New York, NY 10280 | 13-3857441 | 501(c)(3) | 45,000 | | | | SEE PART IV |
| Baltimore Jewish Council 5750 Park Heights Ave Baltimore, MD 21215 | 52-1912836 | 501(c)(3) | 6,000 | | | | SEE PART IV |
| Bikur Cholim of Rockland County25 Robert Pitt Drive Suite 101 Monsey,NY 10952 | 13-3211807 | 501(c)(3) | 135,541 | | | | SEE PART IV |
| Blue Card Inc171 Madison Avenue Suite 1405 New York, NY 10016 | 13-1623910 | 501(c)(3) | 547,233 | | | | SEE PART IV |
| Center for Holocaust and Humanity Education3101 Clifton Avenue SUITE 101 Cincinnati, OH 45220 | 20-5090993 | 501(c)(3) | 30,000 | | | | SEE PART IV |
| Chicago Filmmakers5243 N Clark Street SUITE 1405 Chicago,IL 60640 | 36-2885210 | 501(c)(3) | 40,000 | | | | SEE PART IV |
| CC-Ltd Cutl Prop Proj (Reg of Torah Scross in Ukr)1359 Broadway Suite 2000 New York, NY 10018 | 13-1677841 | 501(c)(4) | 352,000 | | | | SEE PART IV |

| Form 990,Schedule I, Par | t II, Grants ar | id Other Assistance | e to Governments | and Organization | s in the United Sta | tes | |
|---|-----------------|---------------------------------------|------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Clark University950 Main Street Worcester, MA 01610 | 04-2111203 | 501(c)(3) | 76,000 | | | | SEE PART IV |
| Community Improvement Council Inc766 North Main Street Suite 108 Spring Valley, NY 10977 | 13-3683265 | 501(c)(3) | 33,567 | | | | SEE PART IV |
| Czestochowa-Radomsko Area Research Group (CRARG)1930 Audubon Park Drive Springfield, OH 45504 | 55-0837852 | 501(c)(3) | 5,250 | | | | SEE PART IV |
| Dev Fndn of the NC Ctr for Advcmt of Tchng Inc276 NCCAT Drive SUITE 108 Cullowhee, NC 28723 | 56-1884667 | 501(c)(3) | 65,000 | | | | SEE PART IV |
| Facing History and Ourselves National Fndn16 Hurd Road Brookline, MA 02445 | 04-2761636 | 501(c)(3) | 65,000 | | | | SEE PART IV |
| Ferd & Gladys Alpert Jew Fam & Chidn's Svc of PBCPO Box 220627 West Palm Beach, FL 33422 | 59-1520581 | . 501(c)(3) | 134,539 | | | | SEE PART IV |
| Folksbiene Yiddish Theatre 135 W 29th Street Room 504 New York, NY 10001 | 13-3998872 | 501(c)(3) | 40,000 | | | | SEE PART IV |
| Grdns of the Sick AllncBikur Cholim of Boro Park5216 11th Avenue Brooklyn,NY 11219 | 11-6003433 | 501(c)(3) | 1,506,998 | | | | SEE PART IV |
| Gulf Coast Jewish Family Services14041 Icot Boulevard ROOM 504 Clearwater, FL 33760 | 59-1229354 | 501(c)(3) | 54,280 | | | | SEE PART IV |
| Holocaust Memorial Foundation of IllinoisC/O Illinois Holocaust Museum Ed 9603 Woods Drive Skokie,IL 60077 | 36-3156154 | 501(c)(3) | 25,000 | | | | SEE PART IV |

| Form 990,Schedule I, Part | II, Grants and | d Other Assistance | to Governments a | and Organization | s in the United Stat | tes | |
|---|----------------|---------------------------------------|--------------------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Holocaust Museum and Study Center17 South Madison Avenue 9603 Woods Drive Spring Valley, NY 10977 | 13-3093962 | 501(c)(3) | 34,000 | | | | SEE PART IV |
| Holocaust Museum Houston 5401 Caroline Street Houston,TX 77004 | 76-0331398 | 501(c)(3) | 37,000 | | | | SEE PART IV |
| Holoc Res Ctr & ArchivesQueensborough Comm Clg222-05 56th Ave Bayside,NY 11364 | 11-2386540 | 501(c)(3) | 30,000 | | | | SEE PART IV |
| Holocaust Teacher Training ProgramA merican Gathering of Jewish Holoca 122 West 30th Street Suite 205 New York, NY 10001 | 13-3128513 | 501(c)(3) | 369,000 | | | | SEE PART IV |
| International Documentary Association1201 W 5th Street M320 Los Angeles, CA 90017 | 95-3911227 | 501(c)(3) | 40,000 | | | | SEE PART IV |
| Jewish Community Council of Greater Coney Island3001 West 37th Street Brooklyn,NY 11224 | 11-2665181 | 501(c)(3) | 381,852 | | | | SEE PART IV |
| Jewish Community Services 5750 Park Heights Avenue Baltimore, MD 21215 | 52-0607909 | 501(c)(3) | 129,182 | | | | SEE PART IV |
| Jewish Community Services of South Florida735 NE 125th Street North Miami, FL 33161 | 59-0637867 | 501(c)(3) | 439,907 | | | | SEE PART IV |
| Jewish Family & Children's Svc of Southern Ariz4301 East Fifth Street Tucson, AZ 85711 | 86-0623896 | 501(c)(3) | 35,445 | | | | SEE PART IV |
| Jewish Family and Career Services4549 Chamblee Dunwoody Rd Atlanta, GA 30338 | 58-1479212 | 501(c)(3) | 42,470 | | | | SEE PART IV |

| Form 990,Schedule I, Pai | t II, Grants an | d Other Assistance | e to Governments | and Organization | s in the United Sta | tes | |
|---|-----------------|---------------------------------------|--------------------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Jewish Family and Child Service1130 SW Morrison Suite 316 Portland, OR 97205 | 93-0386851 | 501(c)(3) | 11,110 | | | | SEE PART IV |
| Jewish Family and Children's Service3801 East Willow Street Long Beach, CA 90815 | 95-2273033 | 501(c)(3) | 19,945 | | | | SEE PART IV |
| Jewish Family and Children's Svc of Grtr Boston1430 Main Street Waltham, MA 02451 | 04-2104356 | 501(c)(3) | 174,955 | | | | SEE PART IV |
| Jewish Fam & Children's Svc of Grtr Philadelphia2100 Arch St 5th Floor Philadelphia, PA 19103 | 23-1352026 | 501(c)(3) | 214,423 | | | | SEE PART IV |
| Jewish Family and Children's Svc of Minneapolis 13100 Wayzata Blvd Suite 400 Minnetonka, MN 55305 | 41-0693860 | 501(c)(3) | 38,605 | | | | SEE PART IV |
| Jewish Family and Children's Service of Pittsburgh5743 Bartlett Street 5th Floor Pittsburgh, PA 15217 | 25-0965407 | 501(c)(3) | 27,720 | | | | SEE PART IV |
| Jewish Family and Children's Svc of San Francisco2150 Post Street Suite 400 San Francisco, CA 94115 | 94-1156528 | 501(c)(3) | 319,334 | | | | SEE PART IV |
| Jewish Family and Children's Svcs of the East Bay2484 Shattuck Avenue Suite 210 Berkeley, CA 94704 | 94-3250304 | 501(c)(3) | 90,665 | | | | SEE PART IV |
| Jewish Family Service1601 16th Avenue Seattle, WA 98122 | 91-0565537 | 501(c)(3) | 35,110 | | | | SEE PART IV |
| Jewish Family Service Agency of Las Vegas4794 South Eastern Avenue Suite C Las Vegas, NV 89119 | 88-0142948 | 501(c)(3) | 34,222 | | | | SEE PART IV |

| Form 990,Schedule I, Par | t II, Grants an | d Other Assistance | e to Governments | and Organization | s in the United Sta | tes | |
|--|-----------------|------------------------------------|------------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Jewish Family Service Association of Cleveland 24075 Commerce Park Rd Beachwood, OH 44122 | 34-0714441 | 501(c)(3) | 179,958 | | | | SEE PART IV |
| Jewish Family Service for Southeast Michigan6555 West Maple Road Suite C West Bloomfield, MI 48322 | 38-0691329 | 501(c)(3) | 200,201 | | | | SEE PART IV |
| Jewish Family Service of Broward County Inc100 South Pine Island Rd Suite 130 Plantation, FL 33324 | 59-0995106 | 501(c)(3) | 360,526 | | | | SEE PART IV |
| Jewish Family Service of Colorado3201 S Tamarac Dr Denver, CO 80231 | 84-0402701 | 501(c)(3) | 61,466 | | | | SEE PART IV |
| Jewish Family Service of Greater Cincinnati11223 Cornell Park Drive Suite 130 Cincinnati, OH 45242 | 31-0744786 | 501(c)(3) | 55,962 | | | | SEE PART IV |
| Jewish Family Service of Greater Dallas5402 Arapaho Road Dallas,TX 75248 | 75-1992728 | 501(c)(3) | 49,490 | | | | SEE PART IV |
| Jewish Family Service of Houston4131 South Braeswood Houston,TX 77025 | 74-1152607 | 501(c)(3) | 11,110 | | | | SEE PART IV |
| Jewish Family Service of Lackawanna County615 Jefferson Avenue Suite 204 Scranton,PA 18510 | 24-0796423 | 501(c)(3) | 11,998 | | | | SEE PART IV |
| Jewish Family Service of Los Angeles6505 Wilshire Blvd Suite 500 Los Angeles, CA 90048 | 95-1691013 | 501(c)(3) | 792,885 | | | | SEE PART IV |
| Jewish Family Service of Orange County1 Federation Way Suite 220 Irvine,CA 92603 | 23-7106134 | 501(c)(3) | 20,500 | | | | SEE PART IV |

| Form 990,Schedule I, Par | t II, Grants an | ıd Other Assistanc | e to Governments | and Organization | s in the United Sta | ites | |
|--|-----------------|---------------------------------------|------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Jewish Family Service of San DiegoTurk Family Center 8804 Balboa Avenue San Diego, CA 92123 | 95-1644024 | 501(c)(3) | 73,938 | | | | SEE PART IV |
| Jewish Family Service of Silicon Valley14855 Oka Road Suite 202 Los Gatos, CA 95302 | 94-2536452 | 501(c)(3) | 41,695 | | | | SEE PART IV |
| Jewish Family Service of Tidewater Inc260 Grayson Road 8804 BALBOA AVENUE Virginia Beach, VA 23462 | 54-0854002 | 501(c)(3) | 19,815 | | | | SEE PART IV |
| Jewish Family Services1070 College Avenue Suite 202 Columbus, OH 43209 | 31-4379497 | 501(c)(3) | 62,490 | | | | SEE PART IV |
| Jewish Family Services1300 N Jackson St Milwaukee, WI 53202 | 39-0806291 | . 501(c)(3) | 11,110 | | | | SEE PART IV |
| Jewish Family Services of Central Maryland5750 Park Heights Avenue Baltimore, MD 21215 | 52-0607909 | 501(c)(3) | 44,445 | | | | SEE PART IV |
| Jewish Family Services of Greater Hartford333 Bloomfield Ave Suite A West Hartford, CT 06117 | 06-0653062 | 501(c)(3) | 137,136 | | | | SEE PART IV |
| Jewish Federation of Howard CountyCentury Plaza 1000 Suite 400 10630 Little Patuxent Parkway Columbia, MD 21044 | 23-7072654 | 501(c)(3) | 7,000 | | | | SEE PART IV |
| Jewish Federation of Metropolitan Chicago30 South Wells Street SUITE A Chicago,IL 60606 | 36-2167761 | . 501(c)(3) | 368,624 | | | | SEE PART IV |
| Jewish Foundation for the Righteous 305 7th Avenue 19th Floor New York, NY 10001 | 13-3807016 | 501(c)(3) | 95,000 | | | | SEE PART IV |

| Form 990,Schedule I, Par | t II, Grants an | d Other Assistance | e to Governments | and Organization | s in the United Sta | tes | |
|--|-----------------|------------------------------------|-------------------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Jewish Partisan Educational Foundation2107 Van Ness Suite 302 San Francisco, CA 94109 | 94-3372616 | 501(c)(3) | 20,000 | | | | SEE PART IV |
| Jewish Social Service Agency 6123 Montrose Road 19TH FLOOR Rockville, MD 20852 | 53-0196598 | 501(c)(3) | 68,361 | | | | SEE PART IV |
| Jewish Survivors of Latvia 200 West 79 Street Apt 6F New York, NY 10024 | 11-2718433 | 501(c)(3) | 7,500 | | | | SEE PART IV |
| Leo Baeck Institute - NY15 West 16th Street APT 6F New York, NY 10019 | 13-5659965 | 501(c)(3) | 50,000 | | | | SEE PART IV |
| Metropolitan Council on Jewish Poverty80 Maiden Lane 21st Floor New York, NY 10038 | 13-2738818 | 501(c)(3) | 104,015 | | | | SEE PART IV |
| Midwest Center for Holocaust Education5801 West 115th Street Suite 106 Overland Park, KS 66211 | 48-1127376 | 501(c)(3) | 20,000 | | | | SEE PART IV |
| Musm of Jewish Heritage-A Living Meml to the Holoc36 Battery Place 21ST FLOOR New York, NY 10280 | 13-3376265 | 501(c)(3) | 430,000 | | | | SEE PART IV |
| National Registry Project122 W 30 Street Room 205 New York, NY 10001 | 13-3128513 | 501(c)(3) | 190,000 | | | | SEE PART IV |
| Net Board Approval1359 Broadway Suite 2000 New York, NY 10018 | 13-1677841 | 501(c)(4) | 110,000 | | | | SEE PART IV |
| On the Road Productions International Inc10 Greenwich St Suite 21F New York, NY 10013 | 37-1449569 | 501(c)(3) | 45,000 | | | | SEE PART IV |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Pesach TikvahDoor of Hope 11-2642641 501(c)(3) SEE PART IV 18 Middleton Street 508,874 **SUITE 2000** Brooklyn, NY 11206 Rest of the World1359 13-1677841 501(c)(4) SEE PART IV Broadway 12,852 Suite 2000 New York, NY 10018 Rosenthal Inst for Holoc Stds 13-3219419 501(c)(3) SEE PART IV of the Grad Ctr-CUNY365 40,000 Fifth Avenue Suite 8204 New York, NY 10016 Russian American Jewish 13-3984085 501(c)(3) SEE PART IV Experience (RAJE)c/o 25,000 Gateways 11 Wallenberg Circle Monsey, NY 10952 Ruth Rales Jewish Fam Svc of 65-1115689 SEE PART IV 501(c)(3) S Palm Bch Cty Inc21300 210,865 Coleman Blvd **SUITE 8204** Boca Raton, FL 33428 501(c)(3) Selfhelp Community Services 13-1624178 SEE PART IV Inc520 Eighth Avenue 2,113,528 5th Floor New York, NY 10018 Torah Umesorah-Natl 13-5564128 501(c)(3) SEE PART IV Society for Hebrew Day 146,000 Schools1090 Coney Island Avenue Brooklyn, NY 11230 United States Holocaust 52-1309391 501(c)(3) SEE PART IV Memorial Museum100 Raoul 1,242,363 Wallenberg Place SW 5TH FLOOR Washington, DC 20024 Virginia Holocaust Museum 54-1864320 501(c)(3) SEE PART IV 2000 East Cary Street 19,000 Richmond, VA 23223 Voice of Piotrkow Survivors 22-3450880 N/A SEE PART IV 135-30 82nd Avenue 6,000 Kew Gardens, NY 11435

| Form 990,Schedule I, Pa | Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | | |
|--|--|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | | |
| Washington State Holocaust Education Resource Ctr2031 Third Avenue Seattle, WA 98121 | 91-1464233 | 501(c)(3) | 10,000 | | | | SEE PART IV | | | | | |
| Westchester Jewish Community Services845 North Broadway Suite 2 White Plains, NY 10603 | 13-1740071 | 501(c)(3) | 8,894 | | | | SEE PART IV | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493318006000

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY INC 13-1677841

| Рa | Questions Regarding Compensation | | | |
|----|--|------|-----|------|
| | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | | |
| | Compensation committee | | | |
| | ✓ Independent compensation consultant ✓ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organiza or a related organization | tion | | |
| а | Receive a severance payment or change-of-control payment? | 4a | Yes | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | Νo |
| b | Any related organization? | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | Νo |
| b | Any related organization? | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | Νο |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | | | NI - |
| _ | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | ' | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------------------------|-------------|--|---|-----------------|--------------------------------|----------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & (iii) Other reportable compensation compensation | | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| SAUL KAGAN | (ı) (ıı) | 185,400 0 | 0 | 0 | 0 | 0 0 | 185,400 0 | |
| GREGORY SCHNEIDER | (ı) (ıı) | 314,677 0 | 0 | -3,080 0 | 219,007 0 | 26,249 0 | 556,853 0 | |
| GIDEON TAYLOR | (ı) (ıı) | 231,135 0 | 0 | 157,274 0 | 0 | 17,324 0 | 405,733 | 117,99 |
| JOSEPH BERGER | (ı) (ıı) | 263,104 0 | 0 | 852 0 | 55,877 0 | 26,249 0 | 346,082 0 | |
| 2 GERMAN OFFICE EMPLOYEES-SEE SCH | (ı) (ıı) | 460,327 0 | 0 | 58,111 0 | 39,427 0 | 4,691 0 | 562,556 0 | |
| KAREN HEILIG | (ı) (ıı) | 183,473 0 | 0 0 | -8,156 0 | 39,101 0 | 25,168 0 | 239,586 0 | |
| CHEN YURISTA | (ı) (ıı) | 119,280 0 | 0 | 50,475 0 | 9,664 0 | 27,055 0 | 206,474 0 | |
| 2 GERMAN OFFICE EMPLOYEES-SEE SCH | (ı) (ıı) | 304,333 0 | 0 | 0 | 35,762 0 | 9,996 0 | 350,091 0 | |
| WESLEY FISHER | (ı) (ıı) | 153,360 0 | 0 | 627 0 | 18,963 0 | 18,463 0 | 191,413 0 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Ret urn Ref erence | Explanation |
|-------------------------|-----------------------|---|
| SCHEDULE J-2, PART I | | SEE EXPLANATION FOR GERMAN OFFICE EMPLOYEES DESIGNATION IN FORM 8275-R, PART IV |
| | l ' | GIDEON TAYLOR RECEIVED A SEVERANCE PAYMENT OF \$159,418, OF WHICH \$117,994 WAS EXPENSED IN PRIOR YEARS, UPON SEPARATION FROM THE CLAIMS CONFERENCE |

Schedule J (Form 990) 2009

DLN: 93493318006000

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Roman Kent

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

| CONFERE | f the organization ENCE ON JEWISH MATERIAL CLAI GERMANY INC | MS | | Employer identification number | | | | | | |
|--------------|---|--|--|-----------------------------------|---------------------------|---------------|------------------------------------|--------------|------------------------------|--|
| | | neactions (s | | and costion E01 | (c)(4) or | | 3-1677841 | | | |
| Part I | Complete if the organiza | | | | | | | | 40h | |
| | | | | | | | | 10 0 , 11110 | | orrected |
| 1 | (a) Name of disq | lualified person | | (b) Desc | scription of tran | | nsaction | | Yes | No |
| | | | | | | | | | | |
| | ter the amount of tax impos | sed on the orga | nızatıon managers c | r disqualified pers | ons during | the y | ear under | | | |
| | ction 4958 | | | | | • | F S | · —— | | |
| 3 Ent | ter the amount of tax, if any | /, on line 2, abo | ve, reimbursed by t | ne organization . | | • | 🟲 S | | | |
| Part I | I Loans to and/or | From Intere | sted Persons. | | | | | | | • |
| | Complete if the organi | zatıon answere | d "Yes" on Form 99 | 0, Part IV, line 26 | , or Form 9 | 90-E | Z, Part V, I | ne 38a | | |
| (a) Nam | ne of interested person and purpose | (b) Loan to or from the organization? | (c)O riginal principal amount | (d)Balance due | (e) In default? | | (f) Approved by board of committee | or a | (g) Writt agreemei | |
| | | To From | | | Yes | No | Yes | No | Yes | No |
| Total . | | | | | <u> </u> | | | | | |
| | Complete if the orga | anızatıon ansı | wered "Yes" on Fo | orm 990, Part I\ | /, line 27. | | | | | |
| (| (a) Name of interested pers | son (| b) Relationship betw and the o | reen interested pe rganization | rson (| c) A n | nount of grar | nt or type | of assis | tance |
| Part I | V Business Transac Complete if the orga | anızatıon ansı | wered "Yes" on Fo | | /, line 28a | ı, 28 | b, or 28c. | | | |
| (a |) Name of interested perso | on bety |) Relationship ween interested erson and the organization | (c) A mount of transaction | (d) | Desc | rıptıon of tra | nsaction | organ | haring of nization's enues? No |

Treasurer and Director

27,175 Facilities Use

Νo

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DLN: 93493318006000

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Name of the organization | | |
|--------------------------|-----------------|--|
| CONFERENCE ON JEWISH M | MATERIAL CLAIMS | |
| AGAINST GERMANY INC | | |

| AGAINST GERMANY INC | MATERIAL CLAIMS | 13-1677841 | |
|---|---|---|--|
| ldentifier | Return Reference | Explanation | |
| SIGNIFICANT PROGRAM SERVICE | FORM 990, PART III, LINE 2 | IN JULY 2009, AS PART OF THE NEGOTIATIONS WITH THE HUNGARIAN GOVERNMENT OVER UNRESOLVED ISSUES RELATED TO THE RESTITUTION OF PROPERTY CONFISCATED DURING THE HOLOCAUST AND/OR SUBSEQUENTLY NATIONALIZED BY THE COMMUNISTS, AN AGREEMENT WAS ENTERED WITH THE MAGYARORSZGI ZSID RKSG KZALAPTVNY "MAZSOK" (HUNGARIAN JEWISH HERITAGE ENDOWMENT) THIS AGREEMENT, IN ACCORDANCE WITH HUNGARIAN LAW AND IN CONFORMITY WITH THE PRINCIPLES SET FORTH IN THE MODEL OF THE "HUNGARIAN GOLD TRAIN SETTLEMENT", PROVIDES FOR SOCIAL WELFARE BENEFITS FOR HOLOCAUST SURVIVORS OF HUNGARIAN DESCENT | |
| OTHER PROGRAM SERVICES | FORM 990, PART III, LINE 4D | SWISS BANK SETILEMENT FUNDS | |
| SIGNIFICANT CHANGES TO ORGANIZATIONAL | FORM 990, PART VI, SECTION A, | THE BY-LAWS WERE AMENDED TO ADD A SPECIAL NEGOTIATOR TO BE APPOINTED BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE CORPORATION THE SPECIAL NEGOTIATOR SHALL BE RESPONSIBLE FOR THE EXTERNAL NEGOTIATIONS OF THE CORPORATION AND WILL REPORT ON SUCH | |
| MATERIAL DIVERSION OF ASSETS | FORM 990, PART VI, SECTION A, LINE 5 | IN 2009, THE CLAIMS CONFERENCE DISCOVERED IRREGULARITIES IN CERTAIN INDIVIDUAL COMPENSATION PROGRAMS THE CLAIMS CONFERENCE NOTIFIED LAW ENFORCEMENT AUTHORITIES AS WELL AS THE MINISTRY OF FINANCE IN GERMANY (THE MINISTRY) OF ITS FINDINGS, AND TERMINATED STAFF IN THE NEW YORK OFFICE AS PART OF ITS REVIEW, THE CLAIMS CONFERENCE ADJUSTED PROCEDURES FOR DETERMINING ELIGIBILITY FOR INDIVIDUAL PAYMENT PROGRAMS THE CLAIMS CONFERENCE IS WORKING WITH LAW ENFORCEMENT AUTHORITIES IN THE ONGOING INVESTIGATION THE CLAIMS CONFERENCE HAS PROVIDED LAW ENFORCEMENT AUTHORITIES SUBSTANTIAL DOCUMENTATION ON INDIVIDUAL PAYMENTS MADE UNDER THESE PROGRAMS TO SUPPORT THEIR INVESTIGATION BECAUSE THE NATURE OF THE IRREGULARITIES IS OUTSIDE THE SCOPE OF THE CLAIMS CONFERENCE, IT IS LIMITED IN ITS ABILITY TO INVESTIGATE SUCH MATTERS AND IS UNABLE TO QUANTIFY THE AMOUNT INVOLVED HOWEVER, LAW ENFORCEMENT AUTHORITIES HAVE QUANTIFIED THE AMOUNT OF THE ALLEGED FRAUDULENT INDIVIDUAL PAYMENTS AT \$42.5 MILLION THE FUNDING OF THESE INDIVIDUAL PAYMENTS WAS PROVIDED BY THE MINISTRY THE MINISTRY REVIEWS AND MONITORS THE CLAIMS CONFERENCE'S PROCESSING OF THESE PAYMENTS AND CARRIES OUT DETAILED AUDITS IN THE OPINION OF LEGAL COUNSEL, THE CLAIMS CONFERENCE HAS ACTED WITH APPROPRIATE BUSINESS DILIGENCE IN THE DISBURSEMENTS OF THESE FUNDS | |
| FORM 990 REVIEW | FORM 990, PART VI, SECTION B, LINE 11A | THE AUDIT COMMITTEE AND THE PERSONNEL AND MANAGEMENT COMMITTEE, WHICH ARE ESTABLISHED BY THE BYLAWS OF THE CORPORATION, HAVE EACH REVIEWED THE RELEVANT SECTIONS OF THE FORM 990, AS THEY PERTAIN TO THE MANDATES OF THE PARTICULAR COMMITTEE, AND HAVE AUTHORIZED ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE IN ITS CURRENT FORM | |
| CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B LINE 12C | BOARD MEMBERS, AD PERSONA AND KEY EMPLOYEES ARE SENT THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORMS PRIOR TO THE ANNUAL JULY BOARD MEETING COMPLETED FORMS ARE GIVEN TO THE CHAIRMAN OF THE BOARD, THE CLAIMS CONFERENCE COUNSEL AND EXECUTIVE VICE PRESIDENT FOR REVIEW IF ANY POTENTIAL PROBLEMS ARISE, THEY ARE DISCUSSED WITH THAT INDIVIDUAL BOARD MEMBERS AND AD PERSONA ARE INELIGIBLE TO VOTE DURING THE ANNUAL BOARD MEETING UNTIL HIS/HER FORM HAS BEEN RECEIVED OR ANY POTENTIAL PROBLEMS RESOLVED | |
| COMPENSATION | FORM 990, PART VI, SECTION B LINE 15A AND 15B | THE PERSONNEL AND MANAGEMENT (P&M) COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT LAY LEADERS, MEETS AT THE END OF EACH YEAR TO REVIEW EXECUTIVE COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER, AND CHIEF OPERATING OFFICER COMPARABLE SALARIES IN OTHER ORGANIZATIONS, RELEVANT BENEFITS AND THE NATURE AND SIZE OF COMPARABLE ORGANIZATIONS ARE DISCUSSED IN 2008, HAY GROUP, A GLOBAL MANAGEMENT CONSULTING FIRM WAS HIRED TO PREPARE A "CEO TOTAL REMUNERATION REVIEW" FOR THE P&M COMMITTEE IT DETAILED COMPARABLE SALARIES AND BENEFITS FOR OTHER CEOS/EVPS IN JEWISH ORGANIZATIONS THE P&M COMMITTEE REVIEWS THE COMPENSATION AND BENEFITS FOR ALL EMPLOYEES WHO EARN MORE THAN \$100,000 ON A YEARLY BASIS THEY MUST APPROVE ANY INCREASES FOR EMPLOYEES IN THIS CATEGORY RECOMMENDED COMPENSATION AMOUNTS ARE APPROVED BY THE P&M COMMITTEE, THE APPROVAL OF WHICH IS DOCUMENTED IN THE MINUTES OF THE COMMITTEE MEETING, WHICH ARE MAINTAINED BY HUMAN RESOURCES THE CLAIMS CONFERENCE HAS PROCEDURES IN PLACE WHICH ARE INTENDED TO ENABLE IT TO QUALIFY FOR THE REBUTTABLE PRESUMPTION THAT COMPENSATION IS REASONABLE IN ACCORDANCE WITH TREAS REG SECTION 53 4958-6 | |
| ORGANIZATION DOCUMENTS | FORM 990, PART VI, SECTION C, LINE 19 | THE FINANCIAL STATEMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE AT WWW CLAIMSCON ORG AND THE FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC | |

| ldentifier | Return Reference | Explanation |
|-------------|---------------------|--|
| INDEPENDENT | FORM 990, | THE GERMAN FEDERAL DATA PROTECTION ACT ("BUNDESDATENSCHUTZGESETZ") DATED NOVEMBER |
| CONTRACTORS | PART VII, | 15, 2006 SERVES TO IMPLEMENT DIRECTIVE 95/46/EC OF THE EUROPEAN PARLIAMENT AND OF THE |
| | SECTION B, | COUNCIL OF 24 OCTOBER 1995 ON THE PROTECTION OF INDIVIDUALS WITH REGARD TO THE |
| | LINE 1 | PROCESSING OF PERSONAL DATA AND ON THE MOVEMENT OF SUCH DATA ACCORDING TO THE ACT, |
| | | THE COLLECTION, PROCESSING AND USE OF PERSONAL DATA SHALL BE ADMISSIBLE ONLY IF |
| | | PERMITTED OR PRESCRIBED BY THE ACT OR ANY OTHER LEGAL PROVISION OR IF THE DATA SUBJECT |
| | | HAS CONSENTED SINCE THE GERMAN CONTRACTOR HAS NOT GIVEN HIS/HER CONSENT TO RELEASE |
| | | ANY PERSONAL INFORMATION AND ITS RELEASE IS NOT EXPLICITLY PERMITTED BY THE ACT, THE |
| | | CLAIMS CONFERENCE DOES NOT HAVE THE RIGHT TO MAKE THIS INFORMATION PUBLIC |

CHARITABLE CONTRIBUTIONS FORM 990, PART V, LINE 6a THE CLAIMS CONFERENCE DOES NOT SOLICIT CONTRIBUTIONS FROM ANY SOURCE THE CLAIMS CONFERENCE OBTAINS FUNDS AS A RESULT OF BI-LATERAL OR MULTI-LATERAL AGREEMENTS WITH GOVERNMENTS OR INDUSTRY RELATING TO COMPENSATION OR RESTITUTION OF HOLOCAUST ERA WRONGS

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